

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Balanean Corporation (Angela's House 2 AFH)	LICENSE NUMBER A752171
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

Angela's House AFH, was designed to provide a safe, clean, and comfortable environment for the residents. Our home features large rooms that are full of natural sun light and ae very inviting. Also there is a large deck where the residents can enjoythe outdoors, weather permitted.

2. INITIAL LICENSING DATE

12/01/2009

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Angela's House 2 AFH

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other: **corporation**

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

When deemed appropriate by the provider, Angela's House 2 may provide the following:

- * **Supervising and cueing residents who are at risk for choking/aspiration**
- * **Altering texture of food by cutting into bite sized pieces, chopping or pureeing the solid food**
- * **Feeding the resident as indicated**

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

When deemed appropriate by the provider, Angela's House 2 may provide the following:

- * **Remind the resident to use the restroom regularly**
- * **Supervise or provide stand by assistance while toileting**
- * **Assistance with use of a bedside comode, bed pan or urinal**
- * **Changing incontinence pads/briefs and peri care**

3. WALKING

If needed, the home may provide assistance with walking as follows:

When deemed appropriate by the provider, Angela's House 2 may provide the following:

- * **Reminding the resident to use assistive devices**
- * **Standby or contact assistance with or without use of gait belt during walking**
- * **Encouraging regular exercise**

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

When deemed appropriate by the provider, Angela's House 2 may provide the following:

- * **Supervision or standby assist with transfers**
- * **One person assist**
- * **Hoyer lift transfers as indicated**

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

When deemed appropriate by the provider, Angela's House 2 may provide the following:

- * **Cueing or reminding residents to change position or turn**
- * **One person assist with changing position or turning while in bed or chair**
- * **Provide turning on a regular schedule for residents at high risk for skin breakdown/bedsores**

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

When deemed appropriate by the provider, Angela's House 2 may provide the following:

- * **Assist with oral care**

- * Assistance with shaving, nail care, and hair styling
- * Assistance with daily spongebath
- * Assistance with application of deodorant, lotion, and makeup

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

When deemed appropriate by the provider, Angela's House 2 may provide the following:

- * Supervision or standby assist during dressing
- * Provide total assistance with dressing

8. BATHING

If needed, the home may provide assistance with bathing as follows:

When deemed appropriate by the provider, Angela's House 2 may provide the following:

- * Supervision, cuing or hand on assist during showers
- * Bed bath if the resident is unable to use the shower
- * Application of lotion and deodorant

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Our staff encourage residents to be as independent as possible

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

When deemed appropriate by the provider, Angela's House 2 may provide the following:

- * Remind the resident to take medications on time
- * Assist the resident with administration of oral meds
- * Total assistance with medication administration

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Our staff have been trained to be delegated in various tasks

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

Angela's House 2 works with a RN delegator who provides nurse delegation and resident assessments. The cost associated with the nurse delegation and assessments are the responsibility of the client. When deememed appropriate by the provider, Angela's House 2 may provide care to more clinically complex resident that might require things like wound care, end of life care or diabetic management.

The home has the ability to provide the following skilled nursing services by delegation:

When deemed appropriate by the provideer, Angela's House 2 may have delegation put in place to include medication assistance and/or administration of various medications. The cost of the services would be the responsibility of the resident.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate staffing in the home.

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

When deemed appropriate, Angela's House 2 may provide special care and attention to residents with a diagnosis related to mental illness and/or dementia.

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- The provider lives in the home.
- A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- Registered nurse, days and times: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **Angela's House 2 has three long term care workers on staff plus a house manager scheduled to work appropriate days and times.**
- Awake staff at night
- Other: **The provider lives next door to the AFH. The provider is in the AFH for at least four hours every day or more if necessary. When the provider has RN's who can cover for her when she is out of town.**

ADDITIONAL COMMENTS REGARDING STAFFING

Staffing is based on the need of our clients. When deemed appropriate by the provider, Angela's House 2 may have awake staff

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

English is the primary language spoken in the house. We respect our residents' ethnicity, culture beliefs and practice. When deemed appropriate by the provider, Angela's House 2 may assist with specific requests surrounding ethnic requests.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the

circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

*** Angela's House 2 requires private pay for at least five years before medicaid conversion**

ADDITIONAL COMMENTS REGARDING MEDICAID

Angela's House 2 has a Medicaid policy that is disclosed to resident and family prior to admission.

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

The provider will offer appropriate activities and considers resident's preferences.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

Olympia, WA 98504-5600